

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Michael Williams for Congress

ADDRESS (number and street) ▼

PO Box 717

☐ Check if different than previously reported. (ACC)

Austin

TX

78767

2. FEC IDENTIFICATION NUMBER ▼

C C00457960

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

TX

25

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☒

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

07 / 01 / 2013

through

M M / D D / Y Y Y Y

09 / 30 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer R. Steven Hicks

Signature of Treasurer

R. Steven Hicks

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 15 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 14

Write or Type Committee Name

Michael Williams for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	1328965.59
(b) Total Contribution Refunds (from Line 20(d))	0.00	133255.69
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	1195709.90
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7610.73	1212265.27
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	536.66
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	7610.73	1211728.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	82478.46	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	185784.50	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 14

Write or Type Committee Name

Michael Williams for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

1122877.38

(ii) Unitemized.....

0.00

133472.11

(iii) TOTAL of contributions from individuals ▶

0.00

1256349.49

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

72616.10

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

0.00

1328965.59

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

7610.73

157500.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

7610.73

157500.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

536.66

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

7610.73

1487002.25

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7610.73	1212265.27
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	59002.83
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	59002.83
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	133255.69
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	133255.69
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	7610.73	1404523.79

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	82478.46
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7610.73
25. SUBTOTAL (add Line 23 and Line 24).....	90089.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7610.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	82478.46

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 14

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Michael Williams for Congress

Full Name (Last, First, Middle Initial)

Michael Williams

A.

Mailing Address P.O. Box 717

City

Austin

State

TX

Zip Code

78767

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

7610.73

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2013

Transaction ID : SA13A.16205

Amount of Each Receipt this Period

7610.73

Candidate Loan to the Committee

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7610.73

7610.73

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Michael Williams for Congress

Full Name (Last, First, Middle Initial)

A. Atchley & Associates, LLP

Mailing Address 6850 Austin Center Blvd.Ste 180

City	State	Zip Code
Austin	TX	78731-3129

Purpose of Disbursement
Accounting & compliance services

001

Category/
Type

Candidate Name

Michael Williams for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: TX District: 25

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2013

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.16200

B. Atchley & Associates, LLP

Mailing Address 6850 Austin Center Blvd.Ste 180

City	State	Zip Code
Austin	TX	78731-3129

Purpose of Disbursement
Accounting & compliance services

001

Category/
Type

Candidate Name

Michael Williams for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: TX District: 25

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2013

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.16201

c. Atchley & Associates, LLP

Mailing Address 6850 Austin Center Blvd.Ste 180

City	State	Zip Code
Austin	TX	78731-3129

Purpose of Disbursement
Accounting & compliance services

001

Category/
Type

Candidate Name

Michael Williams for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: TX District: 25

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		01		2013

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.16202

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Michael Williams for Congress

Full Name (Last, First, Middle Initial)

A. Atchley & Associates, LLP

Mailing Address 6850 Austin Center Blvd.Ste 180

City	State	Zip Code
Austin	TX	78731-3129

Purpose of Disbursement
Accounting & compliance services

Candidate Name

Michael Williams for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: TX District: 25

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2013

Amount of Each Disbursement this Period

3110.73

Transaction ID : SB17.16204

B.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3110.73

7610.73

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 8 OF 14

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8367

Michael Williams for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2010

Michael Williams

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P.O. Box 717

City

State

ZIP Code

Austin

TX

78767

Original Amount of Loan

75000.00

Cumulative Payment To Date

34002.83

Balance Outstanding at Close of This Period

40997.17

TERMS

Date Incurred

M 06 / D 30 / Y 2009

Date Due

M 06 / D 08 / Y 2012

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Michael Williams

Name of Employer

Mailing Address

P.O. Box 717

Occupation

City

State

ZIP Code

Austin

TX

78767

Amount
Guaranteed
Outstanding:

40997.17

Transaction ID : SC/10.8367.0.SC2

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

40997.17

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 9 OF 14

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8864

Michael Williams for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Michael Williams

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

(Plains Capital-line of credit)

919 Congress Ave., Ste. 100

City

State

ZIP Code

Austin

TX

78701

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M / D / Y
09 / 09 / 2009

Date Due

M / D / Y
06 / 08 / 2012

Interest Rate

5.50

% (apr)

Secured:

☒ Yes☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Michael Williams

Name of Employer

Mailing Address

P.O. Box 717

Occupation

City

State

ZIP Code

Austin

TX

78767

Amount
Guaranteed
Outstanding:

0.00

Transaction ID : SC/10.8864.0.SC2

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 10 OF 14

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.16196

Michael Williams for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Michael Williams

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P.O. Box 717

City

State

ZIP Code

Austin

TX

78767

Original Amount of Loan

7500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 01 / 2012

Date Due

M M / D D / Y Y Y Y
07/01/2013

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

7500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 11 OF 14

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.16205

Michael Williams for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Michael Williams

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P.O. Box 717

City

State

ZIP Code

Austin

TX

78767

Original Amount of Loan

7610.73

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7610.73

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 01 / 2013

Date Due

M M / D D / Y Y Y Y

Interest Rate

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

7610.73

TOTALS This Period (last page in this line only)..... ►

106107.90

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 12 OF 14

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Michael Williams for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

American Express

Nature of Debt (Purpose):

Travel, Postage, Shipping

Mailing Address PO Box 650448

City State

Zip Code

Dallas

TX

75265-0448

Outstanding Balance Beginning This Period

6381.68

Transaction ID : SD10.15516

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6381.68

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Atchley & Associates, LLP

Nature of Debt (Purpose):

Accounting & compliance services

Mailing Address 6850 Austin Center Blvd.Ste 180

City State

Zip Code

Austin

TX

78731-3129

Outstanding Balance Beginning This Period

13610.73

Transaction ID : SD10.15518

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13610.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Engage

Nature of Debt (Purpose):

Advertising, commissions, email hosting

Mailing Address 725 8th St. SE

City

State

Zip Code

Washington

DC

20003

Outstanding Balance Beginning This Period

9576.01

Transaction ID : SD10.15494

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9576.01

1) **SUBTOTALS** This Period This Page (optional) ▶

29568.42

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 13 OF 14

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Michael Williams for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Epiphany Productions. Inc.

Nature of Debt (Purpose):

Fundraising event consulting

Mailing Address 104 Hume Ave

City State

Zip Code

Alexandria

VA

22301

Outstanding Balance Beginning This Period

6320.02

Transaction ID : SD10.15115

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6320.02

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Holtzman Vogel, PLLC

Nature of Debt (Purpose):

Legal services

Mailing Address 98 Alexandria Pike Ste 53

City State

Zip Code

Warrenton

VA

20186-2849

Outstanding Balance Beginning This Period

4340.46

Transaction ID : SD10.15116

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4340.46

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Holtzman Vogel, PLLC

Nature of Debt (Purpose):

Legal Services

Mailing Address 98 Alexandria Pike Ste 53

City

State

Zip Code

Warrenton

VA

20186-2849

Outstanding Balance Beginning This Period

1150.00

Transaction ID : SD10.15879

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1150.00

1) **SUBTOTALS** This Period This Page (optional) ▶

11810.48

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 OF 14

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Michael Williams for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RedRock Strategies

Nature of Debt (Purpose):

Research consulting

Mailing Address 9500 W. Flamingo Rd #203

City State

Zip Code

Las Vegas

NV

89147

Outstanding Balance Beginning This Period

5878.07

Transaction ID : SD10.15117

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5878.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RedRock Strategies

Nature of Debt (Purpose):

Research consulting

Mailing Address 9500 W. Flamingo Rd #203

City State

Zip Code

Las Vegas

NV

89147

Outstanding Balance Beginning This Period

29670.08

Transaction ID : SD10.15519

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

29670.08

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Thomas Graphics, Inc.

Nature of Debt (Purpose):

Printing

Mailing Address PO Box 142226

City

State

Zip Code

Austin

TX

78714

Outstanding Balance Beginning This Period

2749.55

Transaction ID : SD10.15520

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2749.55

1) **SUBTOTALS** This Period This Page (optional) ►

38297.70

2) **TOTALS** This Period (last page this line number only) ►

79676.60

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

106107.90

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

185784.50